

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 28 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000064230

**1. Corporation Name**

Donart, Inc.

**2. Principal Office Address**

210 Seaview Drive

Suite, Apt. #, etc.

Apt # 505

City & State

Key Biscayne, FL

Zip

33149

Country

USA

**3. Mailing Office Address**

12956 SW 133<sup>rd</sup> Ct

Suite, Apt. #, etc.

Suite B.

City & State

Miami, FL

Zip

33186

Country

REINSTATEMENT 98-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07-24-97

**5. FEI Number**

65-0808416

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

LSP Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

12956 SW 133<sup>rd</sup> Court

Suite, Apt. #, Etc.

Suite B.

City

Miami

State

FL

Zip Code

33186

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6-26-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Miranda, Wingate Donald	210 Seaview Drive Apt 505 Key Biscayne FL	33149
VP	Trujillo Astrid Bocanum	210 Seaview Drive Apt 505 Key Biscayne FL	33149

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-03

Date

(305) 251-2121

Daytime Phone #

CR2E081 (10/02)